

**BEFORE THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

**Paul T. Slominski, M.D.
Certificate # G-29247**

Petitioner.

File No: 12-91-15366

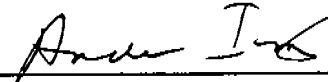
DECISION

The attached Stipulation is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on July 1, 1996.

It is so ordered May 31, 1996.

**DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA**



**Anabel Anderson Imbert, M.D.
Chair
Panel B**

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 ALFREDO TERRAZAS, STATE BAR #78403
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)	No. 12-91-15366
Against:)	
)	
14 PAUL T. SLOMINSKI, M.D.)	<u>STIPULATION, WAIVER</u>
2523 Brian Road)	<u>AND ORDER THEREON</u>
15 San Pablo, California 94806)	
Physician & Surgeon)	
16 Certificate No. G-29247)	
)	
17 Respondent.)	

19 IT IS HEREBY STIPULATED by and between Paul Thomas
20 Slominski, M.D., the respondent in this matter, with the advice
21 of his attorney, David M. Galie, Esq., of FREEMAN AND GALIE and
22 Ronald Joseph, as Executive Director of the Medical Board of
23 California, Department of Consumer Affairs, by and through his
24 attorney, Alfredo Terrazas, Deputy Attorney General, that the
25 following matters are true:

26 1. Accusation No. 12-91-15366 is presently pending
27 against Paul Thomas Slominski, M.D., (hereinafter referred to as

1 the "respondent"), physician's and surgeon's certificate number
2 G-29247, before the Medical Board of California (hereinafter
3 referred to as the "Board") and said Accusation having been filed
4 on or about June 16, 1994.

5 2. The complainant in said Accusation, Dixon Arnett,
6 is the former Executive Director of the Board and brought said
7 Accusation in his official capacity only.

8 3. Respondent has fully discussed with David M. Galie,
9 Esq., the charges contained in the above-mentioned Accusation,
10 and in that connection, respondent has been fully advised
11 regarding his rights in this matter.

12 4. Respondent and his counsel are aware of each of
13 respondent's rights, including the right to a hearing on the
14 charges and allegations; respondent's right to confront and
15 cross-examine witnesses who would testify against him;
16 respondent's right to present evidence in his favor or to call
17 witnesses in his behalf, or to so testify himself; respondent's
18 right to contest the charges and allegations; his right to
19 reconsideration and any other rights which may be accorded him
20 pursuant to the California Administrative Procedure Act (Gov.
21 Code, §11500 et seq.) and other laws of the State of California;
22 appeal to superior court and to any other or further appeal; and
23 respondent understands that in signing this stipulation rather
24 than contesting the accusation, he is freely and voluntarily
25 waiving said rights in order to enter into this Stipulation and
26 Waiver, except his right to petition for termination or
27 modification of probation pursuant to Government Code section

1 11522, enabling the division to impose disciplinary action upon
2 his license without further process.

3 5. All admissions of fact and conclusions of law
4 contained in this Stipulation are made exclusively for this
5 proceeding and any future proceedings between the Board and the
6 respondent, but not otherwise, and shall not be deemed to be
7 admissions for any purpose in any other administrative, civil or
8 criminal action, forum or proceeding.

9 6. That the respondent's license history and status as
10 set forth at paragraph 2 of the Accusation are true and correct
11 and that the respondent's address of record is as set forth in
12 the caption of this Stipulation and Waiver. (A copy of
13 Accusation Number 12-91-15366 is attached hereto as Exhibit A).
14 Respondent also stipulates that as a further and updated medical
15 certificate status, respondent was notified on August 2, 1995
16 that his certificate was placed on a "*150 Day Temporary License*"
17 status pursuant to Welfare and Institutions code §11350.6 for
18 failure to remain in compliance with a judgment or order for
19 family support in Contra Costa County Superior Court Case Number
20 90-01662. On or about December 28, 1995, the *150 day Temporary*
21 *License* expired and respondent, at the present time, does not
22 hold a valid physician and surgeon certificate.

23 7. For purposes of the settlement of the action
24 pending against respondent in case No. 12-91-15366 and to avoid a
25 lengthy administrative hearing, respondent admits that there is a
26 factual and legal basis for the imposition of discipline pursuant
27 to the allegations of Accusation Number 12-91-15366.

1 8. Respondent admits as to the causes for discipline
2 in Accusation Number 12-91-15366 that due, in part, to a mental
3 condition (bi-polar disease) and the significant complicating
4 side-effects of his prescribed medications, that he was an
5 impaired practitioner suffering from hypo-manic episodes,
6 complicated by his prescribed medications. During the period
7 encompassed by the Accusation, respondent was overwhelmed by
8 fatigue resulting from frequent and long work shifts and by
9 depression resulting from serious financial, personal and
10 professional difficulties. Respondent admits that as a result of
11 his condition and medical treatment therefore, he became involved
12 in medical and legal problems at Doctor's Hospital Pinole, and
13 after a Judicial Review Committee hearing at that hospital, on or
14 about May 4, 1992, his hospital privileges were revoked.

15 The mental condition and the complicated side-effects of the
16 medications prescribed for that condition have been identified
17 and addressed by respondent, who began regular psychotherapy with
18 Gary Nye, M.D. in February, 1993. Dr. Nye has substantially
19 changed the medications being taken by respondent, eliminating
20 the serious complications of his prior medications. Respondent
21 also has voluntarily participated in Alcoholics Anonymous for
22 several years on at least a weekly basis, and on July 30, 1992
23 voluntarily contracted with FUTURES IN RECOVERY, Inc. a
24 monitoring and re-entry program to monitor his recovery.

25 Respondent admits that cause for discipline has been stated
26 against him pursuant to Business and Professions Code §822 in
27 that respondent's ability to practice his profession safely was

1 impaired because of a mental illness and/or physical illness
2 affecting competency. Respondent admits that while an impaired
3 individual he treated patients, however, no patient ever suffered
4 any harm as a result of treatment by respondent, and respondent
5 possessed sufficient insight to allow himself to seek treatment
6 and sufficient judgment to remain and continue in treatment.

7 9. That it is understood by all parties hereto that by
8 virtue of the foregoing recitals and solely for purposes of
9 settlement of Accusation Number 12-91-15366:

10

11 IT IS HEREBY STIPULATED AND AGREED that the Medical
12 Board of California, upon its approval of this Stipulation
13 and Waiver herein set forth, may, without further notice,
14 prepare a decision and enter the following order, whereby
15 Physician's and Surgeon's certificate No. G-51749,
16 heretofore issued to respondent Paul Slominski, M.D. by the
17 Medical Board of California, is hereby revoked, provided,
18 however, that said revocation is stayed and respondent is
19 placed on probation for a period of five (5) years on the
20 following terms and conditions. Within 15 days after the
21 effective date of this decision the respondent shall provide
22 the Division, or its designee, proof of service that
23 respondent has served a true copy of this decision on the
24 Chief of Staff or the Chief Executive Officer at every
25 hospital where privileges or membership are extended to
26 respondent or where respondent is employed to practice
27 medicine and on the Chief Executive Officer at every

1 insurance carrier where malpractice insurance coverage is
2 extended to respondent.

3 SPECIFIC TERMS OF PROBATION

4 (A) SUSPENSION-INDEFINITE

5 Pursuant to section 29.5 of the Business and
6 Professions Code, in conjunction with section 11350.6 of the
7 Welfare and Institutions Code, respondent is suspended
8 indefinitely until and unless the Medical Board of
9 California receives a release certifying that respondent is
10 in compliance with a judgement or order of child and/or
11 family support from the Contra Costa County District
12 Attorney's Office, Family Support Unit, along with fees, if
13 applicable, to reinstate the medical certificate during the
14 license term. If respondent negotiates an agreement with
15 the Contra Costa County District Attorney's Office, Family
16 Support Unit, for a payment schedule on arrearages or
17 reimbursement, a copy of said payment schedule shall be
18 forwarded to respondent's Medical Board Probation
19 Surveillance Officer and the terms of said agreement will be
20 incorporated into this settlement as a further condition of
21 probation.

22 (B) PROHIBITED PRACTICE- ANESTHESIOLOGY OR PRIVATE.

23 During probation, respondent is prohibited from
24 practicing anesthesiology or practicing in a private, solo
25 practitioner setting. At the earliest opportunity,
26 respondent shall inform applicable patients that respondent
27 is unable to perform an indicated treatment or procedure.

1 (C) PSYCHIATRIC EVALUATION.

2 Within 30 days of the effective date of this decision,
3 and on a periodic basis thereafter as may be required by the
4 Division or its designee, respondent shall undergo a
5 psychiatric evaluation (and psychological testing, if deemed
6 necessary) by a Division-appointed psychiatrist who shall
7 furnish a psychiatric report to the Division or its designee
8 prior to allowing respondent to engage in the active
9 practice of medicine. The respondent shall pay the costs
10 associated with this psychiatric evaluation.

11 If respondent is required by the Division or its
12 designee to undergo psychiatric treatment, respondent shall
13 within 30 days of the requirement notice submit to the
14 Division for its prior approval the name and qualifications
15 of a psychiatrist of respondent's choice. Upon approval of
16 the treating psychiatrist, respondent shall undergo and
17 continue, at his own expense, psychiatric treatment until
18 further notice from the Division. Respondent shall have the
19 treating psychiatrist submit quarterly status reports to the
20 Division or its designee indicating whether the respondent
21 is capable of practicing medicine safely.

22 Respondent shall not engage in the practice of medicine
23 until notified by the Division or its designee of its
24 determination that respondent is mentally fit to practice
25 safely.

26 (D) ORAL OR WRITTEN EXAMINATION, CONDITION PRECEDENT.

27 Respondent shall take and pass an oral or written

1 examination in General Medicine to be designated and administered
2 by the Division or its designee. This examination shall be taken
3 within 90 days after the effective date of this decision. If
4 respondent fails the first examination, respondent shall be
5 allowed to take and pass a second examination which may consist
6 of a written as well as an oral examination. The waiting period
7 between the first and second examinations shall be at least three
8 months. If respondent fails to pass the first and second
9 examinations, respondent may take a third and final examination
10 after waiting a period of one year. Failure to pass the oral
11 clinical examination within 18 months after the effective date of
12 this decision shall constitute a violation of probation. The
13 respondent shall pay the costs of all examinations.

14 Respondent shall not practice medicine until respondent
15 has passed the required examination and has been so notified by
16 the Division or its designee in writing. This prohibition shall
17 not bar respondent from practicing in a clinical training program
18 approved by the Division, or its designee. Respondent's practice
19 of medicine shall be restricted only to that which is required by
20 the approved training program.

21 **(E) DIVERSION PROGRAM**

22 Within 30 days of the effective date of this decision,
23 respondent shall enroll and participate in the Division's
24 Diversion Program until the Division determines that further
25 treatment and rehabilitation is no longer necessary.
26 Quitting the program without permission or being expelled
27 for cause shall constitute a violation of probation by

1 respondent.

2 A violation of this term of probation, if established,
3 will result in the lifting of the stay order contained
4 herein and will result in the reimposition of the revocation
5 of respondent's certificate as a physician and surgeon.

6 (F) MODIFICATION OF PROBATION

7 In the event respondent should petition the Division to
8 modify or terminate the term of probation forbidding the
9 practice of anesthesiology prior to the term of probation
10 agreed to herein, respondent agrees that before he can
11 submit such a petition he shall take and pass an
12 oral/clinical examination in **General Anaesthesia**, to be
13 designated and administered by **Board Certified**
14 **Anesthesiologists** on behalf of the Division or its designee.
15 If respondent fails this examination, the waiting period
16 between repeat examinations shall be at three month
17 interval. All costs associated with the taking and passing
18 of such an oral/clinical examination shall be paid by
19 respondent.

20 Respondent further agrees that if he should choose to
21 petition the Division to modify or terminate the term of
22 probation forbidding the practice of anesthesiology prior to
23 the term of probation agreed to herein, respondent agrees
24 that before he can submit such a petition, he shall seek and
25 secure the concurrence of the Division's Diversion Program
26 with a written determination that he is fit to, with safety,
27 resume the practice of anesthesiology.

1 Finally, should respondent successfully petition the
2 Division to modify or terminate the term of probation
3 forbidding the practice of anesthesiology, prior to resuming
4 the practice of anesthesiology as part of his medical
5 practice and within thirty (30) days of the effective date
6 of such a modification of his probation, respondent shall
7 submit to the Division for its approval a new plan of
8 practice in which respondent's anesthesia practice shall be
9 monitored by another physician in the field of anesthesia,
10 who shall meet with and provide written reports to the
11 Division or its designee on a quarterly basis as set forth
12 in the terms hereinbelow.

13 The monitor must meet, in person, with respondent a
14 minimum of one time per week and the monitor must be made
15 specifically aware that he/she must, at minimum, review the
16 following:

- 17 - anaesthesia medication charting and record keeping,
- 18 - patient vital sign monitoring and charting during
- 19 anaesthesia,
- 20 - use of monitoring devices during anaesthesia, and
- 21 - pre and post-operative anaesthesia evaluations.

22 (G) PROBATION COSTS

23 Respondent shall pay the costs associated with
24 probation monitoring for each and every year of probation.
25 Such costs shall be payable to the Board at the beginning of
26 each calendar year and the maximum cost of probation costs
27 for which respondent will be liable pursuant to this term of

1 probation shall not exceed \$2,500.00 per year. Failure to
2 promptly pay such costs shall constitute a violation of
3 probation.

4 STANDARD CONDITIONS OF PROBATION

5 (H) OBEY ALL LAWS

6 Respondent shall obey all federal, state and local
7 laws, and all rules governing the practice of medicine
8 in California and remain in full compliance with any
9 court ordered criminal probation, payments and other
10 orders..

11 (I) QUARTERLY REPORTS

12 Respondent shall submit quarterly declarations
13 under penalty of perjury on forms provided by the
14 Division, stating whether there has been compliance
15 with all the conditions of probation.

16 (J) PROBATION SURVEILLANCE PROGRAM COMPLIANCE

17 Respondent shall comply with the Division's
18 probation surveillance program. Respondent shall, at
19 all times, keep the Division informed of her addresses
20 of business and residence which shall both serve as
21 addresses of record. Changes of such addresses shall
22 be immediately communicated in writing to the Division.
23 Under no circumstances shall a post office box serve as
24 an address of record.

25 Respondent shall also immediately inform the Division,
26 in writing, of any travel to any areas outside the
27 jurisdiction of California which lasts, or is contemplated

1 to last, more than thirty (30) days.

2 (K) INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR
3 ITS DESIGNATED PHYSICIAN(S)

4 Respondent shall appear in person for interviews
5 with the Division, its designee or its designated
6 physician(s) upon request at various intervals and with
7 reasonable notice.

8 (L) TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE
9 OR IN-STATE NON-PRACTICE

10 In the event respondent should leave California to
11 reside or to practice outside the State or for any reason
12 should respondent stop practicing medicine in California,
13 respondent shall notify the Division or its designee in
14 writing within ten days of the dates of departure and return
15 or the dates of non-practice within California. Non-
16 practice is defined as any period of time exceeding thirty
17 days in which respondent is not engaging in any activities
18 defined in Sections 2051 and 2052 of the Business and
19 Professions Code. All time spent in an intensive training
20 program approved by the Division or its designee shall be
21 considered as time spent in the practice of medicine.
22 Periods of temporary or permanent residence or practice
23 outside California or of non-practice within California, as
24 defined in this condition, will not apply to the reduction
25 of the probationary period.

26 (M) COMPLETION OF PROBATION

27 Upon successful completion of probation,
respondent's certificate will be fully restored.

1 (N) VIOLATION OF PROBATION

2 If respondent violates probation in any respect,
3 the Division, after giving respondent notice and the
4 opportunity to be heard, may revoke probation and carry
5 out the disciplinary order that was stayed. If an
6 accusation or petition to revoke probation is filed
7 against respondent during probation, the Division shall
8 have continuing jurisdiction until the matter is final,
9 and the period of probation shall be extended until the
10 matter is final.

11 (O) COST RECOVERY

12 Respondent is hereby ordered to reimburse the
13 Division the amount of \$1,000.00 within 90 days of the
14 effective date of this decision for its investigation
15 and prosecution costs. Said payment shall be by
16 cashier's check or money order payable to the Medical
17 Board of California. Failure to reimburse the
18 Division's cost of its investigation and prosecution
19 shall constitute a violation of the probation order,
20 unless the Division agrees in writing to payment by an
21 installment plan because of financial hardship. The
22 filing of bankruptcy by the respondent shall not
23 relieve the respondent of his responsibility to
24 reimburse the Division for its investigative costs.

25 (P) LICENSE SURRENDER

26 Following the effective date of this decision, if
27 respondent ceases practicing due to retirement, health

1 reasons or is otherwise unable to satisfy the terms and
2 conditions of probation, respondent may voluntarily tender
3 his certificate to the Board. The Division reserves the
4 right to evaluate the respondent's request and to exercise
5 its discretion whether to grant the request, or to take any
6 other action deemed appropriate and reasonable under the
7 circumstances. Upon formal acceptance of the tendered
8 license, respondent will no longer be subject to the terms
9 and conditions of probation.

10 10. IT IS FURTHER STIPULATED AND AGREED that the terms
11 set forth herein shall be null and void, and in no way binding
12 upon the parties hereto, unless and until accepted by the Medical
13 Board of California of the State of California.

14 DATED: May 13, 1996.

DANIEL E. LUNGREN
Attorney General of the
State of California

17
18 Alfredo Terrazas
ALFREDO TERRAZAS
Deputy Attorney General

Attorneys for Complainant

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1
2 I HEREBY CERTIFY that I have read this Stipulation for
3 Settlement in its entirety, that I fully understand the legal
4 significance and consequences thereof, that I fully understand
5 the terms of this Stipulation for Settlement, that I have fully
6 discussed this matter with my attorney, that I voluntarily agree
7 to the terms of this Stipulation for Settlement, and IN AGREEMENT
8 THEREOF, I affix my signature this 2 day of May
9 1996, at Pinoles, California.

10
11
12 DATED: May 2, 1996.

Paul Thomas Sломinski
PAUL THOMAS SLOMINSKI, M.D.
Respondent

13
14
15
16 DATED: May 10, 1996.

David M. Galie
DAVID M. GALIE, ESQ.
Attorney at Law
Attorney for Respondent

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 ALFREDO TERRAZAS,
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3 455 Golden Gate Avenue, Room 6200
San Francisco, California 94102-3658
4 Telephone: (510) 286-3795
5 Attorneys for Complainant

6
7 BEFORE THE
DIVISION OF MEDICAL QUALITY
8 MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA
9

10
11 In the Matter of the Accusation) No. 12-91-15366
Against:)
12) ACCUSATION
13)
14 PAUL T. SLOMINSKI, M.D.)
18 ST. JAMES COURT)
14 ORINDA, CALIFORNIA 94563)
Physician & Surgeon License)
15 No. G-29247.)
16 Respondent.)

17
18 DIXON ARNETT, complainant herein, charges and alleges
19 as follows:

20 1. He is the Executive Director of the Medical Board
21 of California, State of California (hereinafter "the Board") and
22 makes these charges and allegations solely in his official
23 capacity.

24 2. At all times material herein, respondent PAUL
25 THOMAS SLOMINSKI, M.D. (hereinafter "respondent") has held
26 physician and surgeon certificate No. G-29247, which was issued
27 to him by the Board on or about May 16, 1975. Said certificate

1 is in good standing at the present time. No prior disciplinary
2 action has been taken against said certificate.

3 3. Section 2001 of the Business and Professions
4 Code^{1/} (hereinafter referred to as the "code") provides for the
5 existence of the board.

6 4. Section 2003 provides for the existence of the
7 Division of Medical Quality (hereinafter referred to as the
8 "division") within the board.

9 5. Section 2004 provides, inter alia, that the
10 division is responsible for the administration and hearing of
11 disciplinary actions involving enforcement of the Medical
12 Practice Act (section 2000 et seq.) and the carrying out of
13 disciplinary action appropriate to findings made by a medical
14 quality review committee, the division, or an administrative law
15 judge with respect to the quality of medical practice carried out
16 by physician & surgeon certificate holders.

17 6. Section 2220, 2234 and 2227 together provide that
18 the division shall take disciplinary action against the holder of
19 a physician's and surgeon's certificate who is guilty of
20 unprofessional conduct.

21 7. Section 2234 provides in part, as follows:

22 "The Division of Medical Quality shall take
23 action against any licensee who is charged with
24 unprofessional conduct. In addition to other
provisions of this article, unprofessional conduct
includes, but is not limited to the following:

25 /

26

27 1. All statutory references are to the Business and
Professions Code unless otherwise indicated.

1 (a) Violating or attempting to violate,
2 directly, or assisting in or abetting the
3 violation of, or conspiring to violate, any
4 provision of this chapter.

5 (b) Gross negligence.

6 (c) Repeated negligent acts.

7 (d) Incompetence"

8 8. Business and Professions Code section 125.3
9 provides, in pertinent part, that in any order issued in
10 resolution of a disciplinary proceeding before any board within
11 the California Department of Consumer Affairs, the Board may
12 request the Administrative Law Judge to direct a licensee found
13 to have committed a violation/violations of the licensing act to
14 pay a sum not to exceed the reasonable costs of the investigation
15 and enforcement of the case.

16 9. Section 2239 (a) provides, in pertinent part:

17 "The use or prescribing for or administering to
18 himself or herself, of any controlled substance; or the use
19 of the dangerous drugs specified in Section 4211, or of
20 alcoholic beverages, to the extent, or in such a manner to
21 be dangerous or injurious to the licensee, or to any other
22 person or to the public, or to the extent that such use
23 impairs the ability of the licensee to practice medicine
24 safely . . . constitutes unprofessional conduct.

25 10. Section 4211 provides, in pertinent part:

26 "'Dangerous drug' means any drug unsafe for self-
27 medication . . . any includes the following:

28 "(c) Any other drug or device that by federal
29 and state law can be lawfully dispensed only on
30 prescription pursuant to Section 4240 . . ."

31 11. At all times relevant hereto, Section 2240^{2/}
32 provided as follows:
33
34

35 2. Section 2240 was repealed by Stats. 1993, Ch.1267; at
36 the same time, section 2280 was enacted. Section 2280 reads as
37 follows: "No licensee shall practice medicine while under the
38 influence of any narcotic drug or alcohol to the extent as to
39 impair his or her ability to practice medicine with safety to the
40 public and his or her patients. Violation of this section
41 constitutes unprofessional conduct and is a misdemeanor."

1 "Every licensee who, while in actual attendance on
2 patients, is intoxicated to such an extent as to impair his
3 or her ability to conduct the practice of medicine with
4 safety to the public and his or her patients, is guilty of
5 unprofessional conduct."

6
7 12 At all times mentioned hereinafter, respondent
8 practiced as a physician in California.

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PATIENT D.J.^{3/}

FIRST CAUSES FOR DISCIPLINARY ACTION

13 13. On or about July 30, 1990 respondent undertook the
14 anaesthesia care of patient D.J., a forty-five year old female,
15 admitted to Doctor's Hospital of Pinole with a diagnosis of disk
16 herniation, who underwent L5-S1 laminotomy, discectomy and nerve
17 root decompression on July 30, 1990, under general anaesthesia in
18 the prone position, administered by respondent.

19 A. Respondent administered general anaesthesia
20 for 2 hours and 10 minutes. The drugs listed at the start of
21 the anaesthetic include oxygen 100%, forane 1%, d-tubocurare
22 3 mg., succinylcholine 100 mg., and sufenta .5. A 7.0 mm
23 endotracheal tube was inserted, and the patient received
24 D5LR 1000 ml intravenously during the procedure.

25 B. Respondent administered anaesthesia
26 notwithstanding the fact that he was in an impaired condition
27 while doing so. Respondent's dexterity was compromised, as
evidenced by unusual difficulty in lining up the needle and
syringe to inject medication into the port. While holding a vial

3. The full names of the patients will be disclosed upon
receipt of respondent's Request for Discovery.

1 of medicine he was going to draw up, respondent's eyes were shut,
2 and he stood rocking back and forth. Respondent was on the verge
3 of dozing off during the procedure, and others in the room had to
4 stimulate him with continuous conversation to keep him conscious.

5 C. The patient's anaesthesia record is missing
6 values for oxygen saturation, end-tidal carbon dioxide tension,
7 diastolic or mean blood pressure, information about the use of
8 the prone position, padding, care of the patient's eyes, and
9 blood loss. It is also missing a post-operative anaesthetic
10 evaluation.

11 14. Respondent's license to practice as a physician
12 and surgeon is subject to disciplinary action under Business and
13 Professions Code sections 2234 (b),(c) and/or (d), for repeated
14 negligent acts, gross negligence, and incompetence, as more
15 particularly alleged hereinbelow:

16 A. Respondent performed anaesthesia while
17 impaired.

18 B. Respondent failed to monitor and/or record:

- 19 1) Oxygen saturation;
- 20 2) End-tidal carbon dioxide;
- 21 3) Diastolic or mean blood pressure;
- 22 4) A running record of the drugs
23 administered;
- 24 5) Anaesthetic care provided for the patient
25 in the prone position;
- 26 6) Estimated blood loss;
- 27 7) Padding;

- 1 8) Care of the patient's eyes;
2 9) Post-operative anaesthetic evaluation.
3

4 SECOND CAUSES FOR DISCIPLINARY ACTION

5 15. The allegations of the first causes for
6 disciplinary action are incorporated herein by reference.

7 16. Respondent's conduct, as described above,
8 constitutes attendance of a patient while under the influence of
9 narcotic drugs and/or alcohol, and the use of controlled
10 substances and/or dangerous drugs and/or alcohol, in a manner
11 impairing respondent's ability to practice safely, in violation
12 of Business and Professions Code sections 2234 (a) in combination
13 with sections 2239 (a) and 2240.
14

15 PATIENT A.T.

16 THIRD CAUSES FOR DISCIPLINARY ACTION

17 17. On or about November 15, 1990, respondent assumed
18 the anaesthetic care of patient A.T., a sixty-nine year old
19 female who underwent an emergency femoral embolectomy on November
20 15, 1990. The patient had been admitted to the hospital on
21 October 30, 1990, subsequent to a fall resulting in a lumbosacral
22 fracture, and at the time of anaesthesia presented with a complex
23 medical history and multiple medical problems, including:
24 congestive heart failure; chronic obstructive pulmonary disease
25 and asthma, with carbon dioxide retention; obesity;
26 hypothyroidism; and steroid dependency.
27

1 A. The patient suddenly decompensated, requiring
2 emergency embolectomy on November 15, 1990, for a thrombosed
3 vessel in her foot.

4 B. The patient's arterial blood gases, breathing
5 room air, indicated both hypoxia and hypercapnia.

6 C. No pre-operative or post-operative anaesthesia
7 evaluation was completed by respondent.

8 D. Respondent administered anaesthesia
9 notwithstanding the fact that he was in an impaired
10 condition while doing so. His face was red, his pupils
11 pinpoint, speech "rapid chatter" and "cotton-mouthed."

12 E. Anaesthetic management began as a local with
13 monitored anaesthetic care, but because of inadequate
14 oxygenation and patient restlessness, general anaesthesia
15 was instituted. None of this is reflected in the
16 anaesthesia record.

17 F. In the course of the surgery, the surgeon asked
18 loudly whether the patient was okay, and the nurse noted
19 that the patient's lips were blue.

20 G. Respondent had administered intravenous
21 medication to the patient without having any monitors in
22 place.

23 H. After the communications from the surgeon and
24 nurse, respondent yelled that the patient had no monitors
25 on. Apparently unnoticed by respondent, the patient had
26 suffered a respiratory arrest.

27

1 I. The anaesthetic began at 8:45 a.m. and ended
2 at 10:35 a.m. No blood pressure or pulse was recorded from
3 9:35 a.m. to 10:35 a.m.

4 J. No diastolic or mean pressures were recorded
5 throughout the case.

6 K. No values for oxygen saturation, end-tidal
7 carbon dioxide, CVP, arterial pressure, urine output,
8 temperature, arterial blood gases, or estimated blood loss
9 are noted on the anaesthetic record.

10 L. The drugs respondent used for anaesthesia are
11 noted at the start of the anaesthesia, and no
12 supplementation or modification of the anaesthetic is noted
13 throughout the anaesthetic period.

14 18. Respondent's license to practice as a physician
15 and surgeon is subject to disciplinary action under Business and
16 Professions Code sections 2234 (b),(c) and/or (d), for repeated
17 negligent acts, gross negligence, and incompetence, as more
18 particularly alleged hereinbelow:

19 A. Respondent performed anaesthesia while
20 impaired.

21 B. Respondent failed to monitor and/or record:

22 1) Blood pressure and pulse, from 19:35 to
23 10:35;

24 2) Oxygen saturation;

25 3) End-tidal carbon dioxide;

26 4) CVP;
27

- 1 5) A running record of the drugs
- 2 administered;
- 3 6) Urine output;
- 4 7) Arterial blood gases;
- 5 8) Estimated blood loss;
- 6 9) Fluid administration;
- 7 10) The patient's pre-induction cyanotic
- 8 problem;
- 9 11) Pre-operative anaesthesia evaluation;
- 10 12) Post-operative anaesthesia evaluation.

11 12 FOURTH CAUSES FOR DISCIPLINARY ACTION

13 19. The allegations of the third causes for
14 disciplinary action are incorporated herein by reference.

15 20. Respondent's conduct, as described above,
16 constitutes attendance of patients while under the influence of
17 narcotic drugs and/or alcohol, and the use of controlled
18 substances and/or dangerous drugs and/or alcohol, in a manner
19 impairing respondent's ability to practice safely, in violation
20 of Business and Professions Code sections 2234 (a) in combination
21 with sections 2239 (a) and 2240.

22 23 PATIENT L.W.

24 FIFTH CAUSES FOR DISCIPLINARY ACTION

25 21. On or about August 30, 1991, respondent undertook
26 the anaesthetic care of patient L. W., a forty-four year old
27 female who underwent a total abdominal hysterectomy and bilateral

1 salpingo-oophorectomy on August 30, 1991 for endometriosis of the
2 uterus and follicular cysts of the ovaries.

3 A. Respondent provided general anaesthesia over a
4 2 hour and 10 minute period. The anaesthesia consisted of:
5 oxygen 100%, forane 1%, succinylcholine 100 mg., surital 400
6 mg., sufenta 0.05, and tyracrium 70 mg. An endotracheal
7 tube was inserted, and the patient received normal saline
8 1000 ml. during the surgery.

9 B. Respondent administered anaesthesia
10 notwithstanding the fact that he was in an impaired
11 condition while doing so. He manifested both personality
12 and physical changes consistent with drug abuse during the
13 procedure.

14 C. Although a pulse oximeter and end-tidal carbon
15 dioxide analyzer were used, no values are provided.

16 D. No values are provided for diastolic or mean
17 blood pressure, the dose of forane after induction, or
18 estimated blood loss.

19 22. Respondent's license to practice as a physician
20 and surgeon is subject to disciplinary action under Business and
21 Professions Code sections 2234 (b),(c) and/or (d), for repeated
22 negligent acts, gross negligence, and incompetence, as more
23 particularly alleged hereinbelow:

24 A. Respondent performed anaesthesia while
25 impaired.

26 B. Respondent failed to monitor and/or record:

27 1) Diastolic or mean blood pressures;

- 2) Oxygen saturation;
- 3) End-tidal carbon dioxide;
- 4) A running record of the drugs administered;
- 5) Assessment of neuromuscular blockade, and reversal, if necessary; and
- 6) Estimated blood loss.

SIXTH CAUSES FOR DISCIPLINARY ACTION

23. The allegations of the fifth causes for disciplinary action are incorporated herein by reference.

24. Respondent's conduct, as described above, constitutes attendance of patients while under the influence of narcotic drugs and/or alcohol, and the use of controlled substances and/or dangerous drugs and/or alcohol, in a manner impairing respondent's ability to practice safely, in violation of Business and Professions Code sections 2234 (a) in combination with sections 2239 (a) and 2240.

PATIENT M.O.

SEVENTH CAUSES FOR DISCIPLINARY ACTION

25. On or about September 17, 1991 respondent undertook the anaesthesia care of patient M.O., a sixty-five year old female who underwent a five-hour craniotomy on September 17, 1991, for removal of a meningioma.

A. Respondent rated the patient an ASA II at a September 12, 1991 evaluation, without stating the reason

1 for the rating. The evaluation did not include any other
2 aspects of the patient's medical status, nor evaluation of
3 her responses to her many previous anesthetics.

4 B. Respondent administered to the patient:
5 oxygen, forane, curare, succinylcholine, surital, sufenta
6 and valium. The record does not indicate that any
7 anesthetic drugs were given other than forane 1% beyond the
8 first half hour of the anaesthetic.

9 C. No diastolic or mean blood pressure is
10 recorded from 10:40 a.m. to 12:30 p.m.

11 D. No values for oxygen saturation, end-tidal
12 carbon dioxide, or temperatures are recorded.

13 E. Urine output is not recorded, although
14 mannitol and furosemide were administered.

15 F. Development of cerebral edema was noted at the
16 conclusion of the procedure.

17 G. No measurement of serum potassium or blood gas
18 values were made during the anaesthetic.

19 H. During the procedure, respondent left the
20 operating room for five minutes.

21 I. When respondent returned to the operating room
22 he was in a state of impairment. Notwithstanding his
23 impairment, respondent continued to assume responsibility
24 for the patient's anaesthesia.

25 J. During the time respondent was gone, the
26 patient's blood pressure had elevated 20 points.
27 Respondent's records were incomplete, so that respondent

1 could not recall the medication which he had administered to
2 the patient, nor could he read that information in his
3 records.

4 K. Respondent's speech became incoherent for a
5 few minutes, and his eyes were closed and kept rolling up.
6 While standing, he had to hold on to the Bovie machine to
7 steady himself. When sitting down, respondent's head
8 dropped and his eyes closed.

9 26. Respondent's license to practice as a physician
10 and surgeon is subject to disciplinary action under Business and
11 Professions Code sections 2234 (b),(c) and/or (d), for repeated
12 negligent acts, gross negligence, and incompetence, as more
13 particularly alleged herein below:

14 A. Respondent performed anaesthesia while
15 impaired.

16 B. Respondent left the patient during anaesthesia.

17 C. Respondent was not able to ascertain what drugs
18 he had administered to the patient.

19 D. Respondent used a glucose-containing solution
20 for inter-cranial surgery.

21 E. Respondent failed to monitor and/or record:

22 1) A more accurate and detailed record of the
23 vital signs and events that transpired during the
24 administration of the anaesthetic;

25 2) Oxygen saturation

26 3) End-tidal carbon dioxide;

27 4) Arterial blood gas levels;

- 1 5) Urine output;
2 6) Temperature;
3 7) Estimated blood loss;
4 8) Serum potassium;
5 9) Hematocrit;
6 10) Notations about endotracheal intubation;
7 11) A record of heart rate from 10:50 to
8 12:30 a.m.
9 12) A record of blood pressure from 10:50 to
10 12:30 a.m.
11 13) A running record of all the drugs
12 administered;
13 14) A clear record of the type and amounts
14 of all fluids used, and times given;
15

16 EIGHTH CAUSES FOR DISCIPLINARY ACTION

17 27. The allegations of the seventh causes for
18 disciplinary action are incorporated herein by reference.

19 28. Respondent's conduct, as described above,
20 constitutes attendance of patients while under the influence of
21 narcotic drugs and/or alcohol, and the use of controlled
22 substances and/or dangerous drugs and/or alcohol, in a manner
23 impairing respondent's ability to practice safely, in violation
24 of Business and Professions Code sections 2234 (a) in combination
25 with sections 2239 (a) and 2240.

26
27 PATIENT P.B.

1 NINTH CAUSES FOR DISCIPLINARY ACTION

2 29. On or about September 19, 1991 respondent
3 undertook the anaesthesia care of patient P.B., a forty-four year
4 old male who underwent a percutaneous discectomy under monitored
5 anaesthesia care. The patient was given oxygen, valium, and
6 sufenta during the two hour procedure, but the anaesthesia record
7 does not indicate how the oxygen was administered.

8 A. Neither preoperative nor postoperative
9 evaluation forms were completed by respondent.

10 B. Respondent administered anaesthesia
11 notwithstanding the fact that he was in an impaired
12 condition while doing so. When the patient was brought into
13 the recovery room it respondent's pupils were pinpoint, his
14 eyes were half-closed, his speech was slurred, and he
15 frequently justified his actions to the nurse.

16 C. Only systolic blood pressure, pulse and
17 respiratory rate were recorded on the anaesthesia record.

18 30. Respondent's license to practice as a physician
19 and surgeon is subject to disciplinary action under Business and
20 Professions Code sections 2234 (b), (c) and/or (d), for repeated
21 negligent acts, gross negligence, and incompetence, as more
22 particularly alleged hereinbelow:

23 A. Respondent performed anaesthesia while
24 impaired.

25 B. Respondent was out of the operating room while
26 he was responsible for the patient's anaesthesia.

27 C. Respondent failed to monitor and/or record:

- 1) Pre-operative anaesthesia evaluation;
- 2) ASA physical status;
- 3) Oxygen saturation
- 4) End-tidal carbon dioxide;
- 5) Diastolic or mean blood pressure;
- 6) Fluid volume administration
- 7) Estimated blood loss;
- 8) Temperature;
- 9) The amount and time of the local
anaesthetic administered by the surgeon;
- 10) Post-operative anaesthesia evaluation.

TENTH CAUSES FOR DISCIPLINARY ACTION

31. The allegations of the ninth causes for disciplinary action are incorporated herein by reference.

32. Respondent's conduct, as described above, constitutes attendance of patients while under the influence of narcotic drugs and/or alcohol, and the use of controlled substances and/or dangerous drugs and/or alcohol, in a manner impairing respondent's ability to practice safely, in violation of Business and Professions Code sections 2234 (a) in combination with sections 2239 (a) and 2240.

PATIENT C.S.

ELEVENTH CAUSES FOR DISCIPLINARY ACTION

33. On or about October 4, 1991, respondent undertook the anaesthesia care of patient C. S., a fifty-eight year old

1 female who underwent lumpectomy for cancer of the breast on
2 October 4, 1991.

3 A. No pre-operative or post-operative anaesthesia
4 evaluation forms were completed by respondent.

5 B. Respondent listed the anaesthetic drugs at the
6 start of the anaesthesia, then documented nothing further
7 for the 80 to 90 minutes duration of the anaesthesia.

8 C. The patient's record failed to reflect oxygen
9 saturation, end-tidal carbon dioxide, diastolic or mean
10 blood pressure.

11 34. Respondent's license to practice as a physician and
12 surgeon is subject to disciplinary action under Business and
13 Professions Code sections 2234 (b),(c) and/or (d), for repeated
14 negligent acts, gross negligence, and incompetence, in that
15 respondent failed to monitor and/or record the patient's: oxygen
16 saturation; end-tidal carbon dioxide; a running record of all the
17 drugs administered; and diastolic or mean blood pressure.

18
19 PATIENT P.T.

20 TWELFTH CAUSES FOR DISCIPLINARY ACTION

21 35. On or about October 8, 1991, respondent undertook
22 the anaesthesia care of P.T., a seventy-two year old man who had
23 been admitted to Doctors Hospital of Pinole five days earlier, on
24 October 3, 1991, for follow-up care following coronary artery
25 bypass graft surgery on September 18, 1991. The patient had a
26 history of a recent myocardial infarction and recurrent
27 ventricular tachycardia. The surgery for which respondent

1 provided anaesthesia on October 8, 1991 was for a panendoscopy
2 for suspected bleeding duodenal ulcer.

3 A. Anaesthesia started at 14:15 and ended at
4 16:30.

5 B. Respondent administered anaesthesia
6 notwithstanding the fact that he was in an impaired
7 condition while doing so.

8 C. The patient arrived in the recovery room being
9 manually ventilated with a bag, and was subsequently placed
10 on a ventilator. The patient's oxygen saturation was 89%,
11 and his blood pressure and pulse were unstable, with
12 frequent PAC's and PVC's.

13 D. The anaesthesia record which accompanied the
14 patient was blank.

15 E. In the recovery room, respondent appeared
16 flushed, his eyes were half-closed, with pinpoint pupils,
17 his speech was slurred, and he spoke rapidly and
18 continuously, justifying his actions.

19 F. Respondent completed no pre- or post-
20 anaesthesia record.

21 36. Respondent's license to practice as a physician
22 and surgeon is subject to disciplinary action under Business and
23 Professions Code sections 2234 (b),(c) and/or (d), for repeated
24 negligent acts, gross negligence, and incompetence, as more
25 particularly alleged hereinbelow:

26 A. Respondent performed anaesthesia while
27 impaired.

1 B. Respondent failed to record:

2 1) A pre-operative anaesthesia evaluation;

3 2) An anaesthesia record; and

4 3) A post-operative anaesthesia record.

5 THIRTEENTH CAUSES FOR DISCIPLINARY ACTION

6 37. The allegations of the twelfth causes for
7 disciplinary action are incorporated herein by reference.

8 38. Respondent's conduct, as described above,
9 constitutes attendance of patients while under the influence of
10 narcotic drugs and/or alcohol, and the use of controlled
11 substances and/or dangerous drugs and/or alcohol, in a manner
12 impairing respondent's ability to practice safely, in violation
13 of Business and Professions Code sections 2234 (a) in combination
14 with sections 2239 (a) and 2240.

15
16 PATIENT S.O.

17 FOURTEENTH CAUSES FOR DISCIPLINARY ACTION

18 39. On or about October 9, 1991 respondent undertook
19 the anaesthesia care of patient S.O., a fifty-nine year old
20 female who was scheduled for a Whipple procedure and colectomy on
21 October 9, 1991. The patient had a complex clinical status,
22 including: hypertension for 30 years; left ventricular
23 hypertrophy and inverted T waves on EKG; a history of CHF in
24 1987; a history of smoking a pack of cigarettes a day for 50
25 years; and a current medication regimen which included lopressor,
26 vasotec, and procordia. The patient had an acute myocardial
27

1 infarction two days postoperatively, and died 20 days
2 postoperatively.

3 A. Respondent completed an anaesthesia evaluation
4 form for the patient which is blank except for the date, the
5 ASA status, and respondent's signature.

6 B. Respondent administered anaesthesia
7 notwithstanding the fact that he was in an impaired
8 condition while doing so. Respondent disappeared from the
9 operating room for approximately fifteen minutes after
10 requesting his narcotics for the case, and was paged several
11 times with no answer. When he finally returned his eyes
12 were at half-mast and with pinpoint pupils, his face was
13 flushed, and perspiration covered his forehead and surgery
14 cap. His speech was slurred, and his coordination was very
15 poor. It took respondent five tries to start the patient's
16 IV, and then he had trouble meeting the IV tubing to the
17 angio cath. While standing, respondent had a rocking
18 motion.

19 C. No arterial or CVP cannulae were inserted
20 prior to or during anaesthesia.

21 D. No blood pressure or pulse were recorded from
22 9:35 a.m. to the conclusion of the anaesthetic at 13:05.

23 E. There is no recording of oxygen saturation,
24 end-tidal carbon dioxide, temperature, urine output,
25 diastolic or mean blood pressure, fluid administration,
26 blood therapy, or ventilatory status.

1 40. Respondent's license to practice as a physician
2 and surgeon is subject to disciplinary action under Business and
3 Professions Code sections 2234 (b),(c) and/or (d), for repeated
4 negligent acts, gross negligence, and incompetence, as more
5 particularly alleged hereinbelow:

6 A. Respondent performed anaesthesia while
7 impaired.

8 B. Respondent failed to insert arterial and CVP
9 catheters prior to the start of the surgery;

10 C. Respondent was out of the operating room while
11 responsible for the patient's anaesthesia.

12 D. Respondent failed to monitor and/or record:

- 13 1) Pre-operative anaesthesia evaluation
14 2) Oxygen saturation
15 3) End-tidal carbon dioxide;
16 4) Diastolic or mean blood pressure;
17 5) Vital signs for a three and a half hour
18 period;
19 6) Estimated blood loss;
20 7) Temperature;
21 8) Urine output;
22 9) Fluid administration;
23 10) Blood therapy;
24 11) Ventilatory status.

25 /

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27 /

1 FIFTEENTH CAUSES FOR DISCIPLINARY ACTION

2 41. The allegations of the fourteenth causes for
3 disciplinary action are incorporated herein by reference.

4 42. Respondent's conduct, as described above,
5 constitutes attendance of patients while under the influence of
6 narcotic drugs and/or alcohol, and the use of controlled
7 substances and/or dangerous drugs and/or alcohol, in a manner
8 impairing respondent's ability to practice safely, in violation
9 of Business and Professions Code sections 2234 (a) in combination
10 with sections 2239 (a) and 2240.

11
12 PATIENT C.P.

13 SIXTEENTH CAUSES FOR DISCIPLINARY ACTION

14 43. On or about October 9, 1991, respondent undertook
15 the anaesthesia care of patient C.P., a sixty-six year old female
16 who underwent left axillary node dissection for cancer of the
17 breast in a one hour and forty-five minute procedure. The
18 patient had a first degree heart block on EKG, and cardiac
19 enlargement.

20 A. Respondent failed to complete the patient's
21 pre-operative and post-operative anaesthesia evaluation
22 forms.

23 B. The patient's anaesthesia record fails to
24 contain: diastolic or mean blood pressure; oxygen
25 saturation, or end-tidal carbon dioxide; and blood loss.

26 C. Respondent administered anaesthesia
27 notwithstanding the fact that he was in an impaired

1 condition while doing so. Respondent had difficulty
2 connecting the IV tubing to the angio cath, He was barely
3 able to place an IV with the assistance of support
4 personnel. Respondent's IV infiltrated immediately and,
5 despite repeated attempts, he could not re-start it;
6 ultimately the nurse restarted it for respondent. Prior to
7 and during the case respondent's eyes were half-closed, with
8 pinpoint pupils, his speech was slurred, and he was weaving
9 and rocking.

10 44. Respondent's license to practice as a physician
11 and surgeon is subject to disciplinary action under Business and
12 Professions Code sections 2234 (b),(c) and/or (d), for repeated
13 negligent acts, gross negligence, and incompetence, as more
14 particularly alleged hereinbelow:

15 A. Respondent performed anaesthesia while
16 impaired.

17 B. Respondent failed to monitor and/or record:

- 18 1) Oxygen saturation;
19 2) End-tidal carbon dioxide;
20 3) Diastolic or mean blood pressure.
21 4) Estimated blood loss.

22
23 SEVENTEENTH CAUSES FOR DISCIPLINARY ACTION

24 45. The allegations of the sixteenth causes for
25 disciplinary action are incorporated herein by reference.

26 46. Respondent's conduct, as described above,
27 constitutes attendance of patients while under the influence of

1 narcotic drugs and/or alcohol, and the use of controlled
2 substances and/or dangerous drugs and/or alcohol, in a manner
3 impairing respondent's ability to practice safely, in violation
4 of Business and Professions Code sections 2234 (a) in combination
5 with sections 2239 (a) and 2240.

6
7 **PATIENT C.V.**

8 **EIGHTEENTH CAUSES FOR DISCIPLINARY ACTION**

9 47. On or about October 10, 1991, respondent undertook
10 the anaesthetic care and treatment of patient C.V., an eighty-
11 two year old female who underwent a decompression laminectomy for
12 spinal stenosis under general anaesthesia. The patient had a
13 history of aortic stenosis and atrial fibrillation.

14 A. Respondent administered anaesthesia
15 notwithstanding the fact that he was in an impaired
16 condition while doing so. Before and during the procedure
17 his speech was slow and slurred, his eyes were glazed and
18 red with pinpoint constricted pupils, he appeared to be
19 lethargic, looked asleep on his feet, his hat was wildly
20 askew, and he was not wearing his mask and had to be
21 reminded to put it on. Prior to administering the
22 anaesthesia, when a staff member pointed out to him how he
23 looked, he responded: "But I feel good."

24 B. Respondent was repeatedly out of the operating
25 room for as long as fifteen minutes at a time throughout the
26 course of the course of this four hour procedure. In the
27 several instances in which respondent was asked to return to

1 the operating room, respondent would ask if everything was
2 okay, rather than checking the patient.

3 C. Near the end of the case the patient's
4 oximeter alarmed when the patient's heart rate became low,
5 and the alarm had to be brought to respondent's attention by
6 another staff member, who asked him if he were concerned
7 about how many beats the patient's heart was skipping.
8 Respondent then administered atropine to correct the
9 bradycardia.

10 D. Respondent was not observed to do any medical
11 record keeping during the anaesthesia; the anaesthesia
12 record shows no documentation of pulse rate or respiration,
13 and only one entry for blood pressure after the first 2-1/2
14 hours of anaesthesia.

15 48. Respondent's license to practice as a physician
16 and surgeon is subject to disciplinary action under Business and
17 Professions Code sections 2234 (b),(c) and/or (d), for repeated
18 negligent acts, gross negligence, and incompetence, as more
19 particularly alleged hereinbelow:

20 A. Respondent performed anaesthesia while
21 impaired.

22 B. Respondent failed to insert a PA or CVP
23 catheter in a patient with a history of aortic stenosis and
24 atrial fibrillation.

25 C. Respondent failed to monitor and/or record:

26 1) The patient's blood pressure from 2:10
27 p.m. to 4 p.m.;

- 1 2) Pulse rate;
- 2 3) Diastolic or mean blood pressure;
- 3 4) Oxygen saturation;
- 4 5) End-tidal carbon dioxide;
- 5 6) Urine output;
- 6 7) Use of the prone position;
- 7 8) Padding;
- 8 9) Eye care;
- 9 10) Endotracheal tube used;
- 10 11) Use of the cell saver or administration
- 11 of autologous blood;
- 12 12) Estimated blood loss.
- 13

14 NINETEENTH CAUSES FOR DISCIPLINARY ACTION

15 49. The allegations of the eighteenth causes for
16 disciplinary action are incorporated herein by reference.

17 50. Respondent's conduct, as described above,
18 constitutes attendance of patients while under the influence of
19 narcotic drugs and/or alcohol, and the use of controlled
20 substances and/or dangerous drugs and/or alcohol, in a manner
21 impairing respondent's ability to practice safely, in violation
22 of Business and Professions Code sections 2234 (a) in combination
23 with sections 2239 (a) and 2240.

24 /
25 /
26 /
27 /

PATIENT C.S.

TWENTIETH CAUSES FOR DISCIPLINARY ACTION

51. On or about October 11, 1991, respondent undertook the anaesthesia care of patient C. S., a fifty-eight year old female who underwent lumpectomy for cancer of the breast on October 4, 1991, and an axillary node dissection on October 11, 1991.

A. No pre-operative or post-operative anaesthesia evaluation forms were completed by respondent.

B. Respondent listed the anaesthetic drugs at the start of the anaesthesia, then documented nothing further for the 80 to 90 minutes duration of the anaesthesia.

C. Respondent administered anaesthesia notwithstanding the fact that he was in an impaired condition while doing so. Respondent's face was red, his eyes were half-closed, with pinpoint pupils, he was weaving, his gait was unsteady, his speech slurred, his coordination was poor, he had difficulty in both starting the patient's IV and in injecting drugs into it, his hat was totally askew, and he was not wearing a mask.

D. The patient was medicated with either versed or narcotic, but not yet intubated or ventilated, when her oxygen saturation began to drop.

E. The anaesthesia technologist warned respondent regarding the patient's drop in oxygen saturation when it reached the 79 or 78 level, and respondent acknowledged the warning, but did not ventilate the patient. When the

1 patient's oxygen saturation reached approximately 62%, the
2 anesthesiology technician brought the matter to respondent's
3 attention a third time, but respondent failed to start
4 ventilation.

5 F. At an oxygen saturation of approximately 62%,
6 respondent pushed surital and succinylcholine, which had not
7 yet been administered to the patient.

8 G. Finally, at an oxygen saturation of 59%,
9 respondent began ventilation of the patient.

10 52. Respondent's license to practice as a physician
11 and surgeon is subject to disciplinary action under Business and
12 Professions Code sections 2234 (b),(c) and/or (d), for repeated
13 negligent acts, gross negligence, and incompetence, as more
14 particularly alleged hereinbelow:

15 A. Respondent performed anaesthesia while
16 impaired.

17 B. Respondent delayed in his response to the
18 patient's dangerous hypoxia.

19 C. Respondent failed to monitor and/or record:

- 20 1) ASA physical status;
- 21 2) Pre-operative medications;
- 22 3) Vital signs;
- 23 4) The type and amounts of all intravenous
24 fluids used, including blood and blood products, and
25 times given;
- 26 5) Amounts of all drugs and agents used, and
27 times given;

1 6) The hypoxic event;

2 7) Post-operative anaesthetic evaluation.

3
4 **TWENTY-FIRST CAUSES FOR DISCIPLINARY ACTION**

5 53. The allegations of the twentieth causes for
6 disciplinary action are incorporated herein by reference.

7 54. Respondent's conduct, as described above,
8 constitutes attendance of patients while under the influence of
9 narcotic drugs and/or alcohol, and the use of controlled
10 substances and/or dangerous drugs and/or alcohol, in a manner
11 impairing respondent's ability to practice safely, in violation
12 of Business and Professions Code sections 2234 (a) in combination
13 with sections 2239 (a) and 2240.

14 **WHEREFORE**, complainant requests that a hearing be
15 held and that thereafter the Board issue an order:

16 1. Revoking or suspending respondent's physician
17 and surgeon's certificate number G-29247 heretofore issued to
18 respondent Paul T. Slominski, M.D.;

19 2. Directing respondent to pay to the Board a
20 reasonable sum for its investigative and enforcement costs of
21 this action; and

22 /

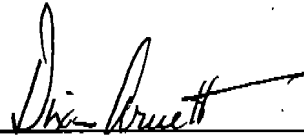
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1 3. Taking such other and further action as is
2 deemed just and proper to protect the public health, safety, and
3 welfare.

4 DATED: JUNE 16, 1994



DIXON ARNETT
Executive Director
Medical Board of California
State of California

Complainant